

Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073



2008.APR 20 PM 1	. 20
FORM	: 20
PFD	
For office use only	

## Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

Personal Financial Disclosure Statement	
Name: Toby B. Shine  Please type or print legibly	
Agency or department: <u>lowa Department of Economic Development Board</u>	
Position held: Board Member	
Statewide office sought (non-incumbent candidates only):	
This statement is for Calendar Year 20 07. Check if this is an amended statement.   This statement is required to cover the calendar year preceding the year the report is due.	
General instructions: Complete each of Parts A, B, and C below. Attach additional pages if necessary.	
* * * * * * * * * * * * * * * * * * * *	
Part A. Business, Occupation, or Profession. By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer. If you were not employed by anyone other than the agency and for the position held above check here.  1. Shine Bros. Corp Scrap Metal Recycling 2. Flight King, LLC - Charter Aircraft 3. TJN Enterprises, Inc Scrap Metal Recycling 4. Pelican Ridge Mobile Home Community, Inc Housing Development Part B. Income sources of more than \$1,000. In the categories below list each source from which you received more than \$1000 in gross annual income during the previous calendar year. The amount or value of the holding is not required to be listed. This includes the total amount of any income received jointly with one or more persons exceeding \$1000. Do not report income received solely by your spouse or other family members. A source is reportable if the gross income produced was subject to federal or state income tax during the reporting period. If you have nothing to report under Part B check here.	
1. Securities. List any company in which you owned securities	
1 Smith Barney City Group 2 Wachovia Securities	
AMSCHOATS SECRETORES	

<ol> <li>Instruments of Financial Institutions. List the institutions from which you received annual gracemes such as certificates of deposit or savings accounts.</li> </ol>	Reset For
Farmers Trust & Savings Bank	
Community State Bank	
Northwest Federal Savings Bank	
. Trusts. State the nature or type of the trusts.	
Shine Family Trust	
Real Estate. List the nature of real estate interests including an interest from which income we lerived from the selling of property. Do not list the location, address, or legal description	<b>3</b> 5
. None	
i. Retirement Systems. List the name of the employer/sponsor of any retirement benefit system	1.
None	<del></del>
tate if a commission from the sale was received.  None	
7. Other. List other sources of annual gross income not reported above that were reported for tax surposes.	C
None	
). 3	
Part C. Certified Signature.	
I certify that this statement is true and accurate to the best of my knowledge. I understant am subject to potential civil and criminal penalties for failing to file an accurate statement or for fact this statement by the required egg date.	
(1) 4/29/03	
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